

LIFE, ACCIDENT AND HEALTH INSURERS

COMPANY NAME: _____ **NAIC Company Code:** _____
Contact: _____ **Telephone:** _____

REQUIRED FILINGS IN THE STATE OF: NEW JERSEY

Filings Made During the Year 2005

| (1) Check-list | (2) Line # | (3) REQUIRED FILINGS FOR THE ABOVE STATE | (4) NUMBER OF COPIES* | | | (5) DUE DATE | (6) FORM SOURCE** | (7) APPLICABLE NOTES |
|-------------------|---------------|--|--------------------------|------|---------|------------------------|----------------------|--------------------------------|
| | | | Domestic | | Foreign | | | |
| | | | State | NAIC | State | | | |
| | | I. NAIC FINANCIAL STATEMENTS | | | | | | |
| | 1 | Annual Statement (8 1/2"x14") | 3 | 1 | Xxx | 3/1 | NAIC | Must be bound |
| | 1.1 | Printed Investment Schedule detail (Pages E01-E26) | 3 | 1 | Xxx | 3/1 | NAIC | |
| | 2 | Quarterly Financial Statement (8 1/2" x 14") | 3 | 1 | Xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 3 | Separate Accounts Annual Statement (8 1/2"x14") | 3 | 1 | Xxx | 3/1 | NAIC | |
| | | II. NAIC SUPPLEMENTS | | | | | | |
| | 10 | Accident & Health Policy Experience Exhibit | 3 | 1 | Xxx | 4/1 | NAIC | |
| | 11 | Credit Insurance Experience Exhibit | 3 | 1 | Xxx | 4/1 | NAIC | |
| | 12 | Interest Sensitive Life Insurance Products Report | 3 | 1 | Xxx | 4/1 | NAIC | |
| | 13 | Investment Risk Interrogatories | 3 | 1 | Xxx | 4/1 | NAIC | |
| | 14 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit | 3 | 1 | Xxx | 4/1 | NAIC | |
| | 15 | Life, Health & Annuity Guaranty Assessment Base Reconciliation Exhibit Adjustment Form | 3 | 1 | Xxx | 4/1 | NAIC | |
| | 16 | Long Term Care Experience Reporting Forms | 3 | 1 | Xxx | 4/1 | NAIC | |
| | 17 | Management Discussion & Analysis | 3 | 1 | Xxx | 4/1 | Company | |
| | 18 | Medicare Supplement Insurance Experience Exhibit | 3 | 1 | Xxx | 3/1 | NAIC | |
| | 19 | Risk-Based Capital Report | 1 | 1 | Xxx | 3/1 | NAIC | |
| | 20 | Schedule SIS | 3 | N/A | N/A | 3/1 | NAIC | |
| | 21 | Statement of Actuarial Opinion | 3 | 1 | Xxx | 3/1 | Company | NJAC11: 1-21A |
| | 22 | Statement on non-guaranteed elements - Exhibit 5 Int. #3.2 | 3 | 1 | Xxx | 3/1 | Company | |
| | 23 | Statement on par/non-par policies – Exhibit 5 Int. 1.1 | 3 | 1 | Xxx | 3/1 | Company | |
| | 24 | Supplemental Compensation Exhibit | 1 | N/A | N/A | 3/1 | NAIC | |
| | 25 | Supplemental Schedule O | 3 | 1 | Xxx | 3/1 | NAIC | |
| | 26 | Trusted Surplus Statement | 3 | 1 | Xxx | 3/1, 5/15, 8/15, 11/15 | NAIC | |
| | 27 | Workers' Compensation Carve Out Supplement | 3 | 1 | Xxx | 3/1 | NAIC | |
| | | III. ELECTRONIC FILING REQUIREMENTS | | | | | | |
| | 30 | Annual Statement Electronic Filing | Xxx | 1 | Xxx | 3/1 | NAIC | |
| | 31 | March .PDF Filing | Xxx | 1 | Xxx | 3/1 | NAIC | |
| | 32 | Risk-Based Capital Electronic Filing | Xxx | 1 | N/A | 3/1 | NAIC | |
| | 33 | Separate Accounts Electronic Filing | Xxx | 1 | Xxx | 3/1 | NAIC | |
| | 34 | Separate Accounts .PDF Filing | Xxx | 1 | Xxx | 3/1 | NAIC | |
| | 35 | Supplemental Electronic Filing | Xxx | 1 | Xxx | 4/1 | NAIC | |
| | 36 | Supplemental .PDF Filing | Xxx | 1 | Xxx | 4/1 | NAIC | |
| | 37 | Quarterly Electronic Filing | Xxx | 1 | Xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 38 | Quarterly .PDF Filing | Xxx | 1 | Xxx | 5/15, 8/15, 11/15 | NAIC | |
| | 40 | June .PDF Filing | Xxx | 1 | Xxx | 6/1 | NAIC | |
| | | IV. AUDITED FINANCIAL STATEMENTS | | | | | | |
| | 51 | Accountants Letter of Qualifications | 1 | N/A | N/A | | Company | If applicable |
| | 52 | Audited Financial Statements | 1 | 1 | 1 | 6/1 | Company | |
| | 53 | Audited Financial Statements Exemption Affidavit | 1 | N/A | N/A | | Company | If applicable |
| | 54 | Independent CPA | 1 | N/A | N/A | | Company | If applicable |
| | 55 | Notification of Adverse Financial Condition | 1 | N/A | N/A | | Company | If applicable |
| | 56 | Report of Significant Deficiencies in Internal Controls | 1 | N/A | N/A | | Company | If applicable |
| | 57 | Request for Exemption to File | 1 | N/A | N/A | 12/31/03 | Company | Must be written |
| | | V. STATE REQUIRED FILINGS | | | | | | |
| | 101 | Certificate of Compliance | 0 | 0 | 1 | 3/1 | State | Retaliatory only |
| | 102 | Certificate of Deposit | 0 | 0 | 1 | 3/1 | State | |
| | 103 | Certificate of Valuation | 0 | 0 | 1 | 3/1 | State | |
| | 104 | Filings Checklist (with Column 1 completed) | 1 | 1 | 1 | 3/1 | State | |
| | 105 | Premium tax | 1 | 0 | 1 | 3/1 | State | Form sent by Taxation |
| | 106 | State Filing Fees | 1 | 0 | 1 | 3/1 | State | See fee letter |
| | 107 | Signed Jurat Page | 0 | 0 | 1 | 3/1 | NAIC | See Note L |
| | 108 | Certificate of Advertising | 3 | 0 | 1 | 3/1 | Company | NJAC 11:2-23.8f |
| | 109 | NJ Medicare Supplement Under 50 Plan | 1 | Xxx | 1 | 3/1 | State | See note O |
| | 110 | NJ Small Employer Health Benefits | 1 | Xxx | 1 | 3/1 | State | See note P |
| | 111 | NJ Individual Health Benefits | 1 | Xxx | 1 | 3/1 | State | See note P |
| | 112 | Participating & Nonparticipating exhibits for capital & surplus & the gain and loss exhibits | 3 | 0 | 1 | 3/1 | NAIC | NJSA 17B:21-1(d) See note Q |

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.

| | NOTES AND INSTRUCTIONS (A-K APPLY TO ALL FILINGS) | |
|-----|---|---|
| A | Required Filings Contact Person: | Margaret P. Shaw Telephone (609) 292-5350 ext 50099 e-mail mshaw@dobi.state.nj.us |
| B | Mailing Address: | P. O. Box 325 Trenton, NJ 08625-0325 |
| B-1 | Address for delivery by UPS, FEDEX etc | 20 West State Street 10 th Floor Trenton, NJ 08608 |
| C | Mailing Address for Filing Fees: | Same as above |
| D | Mailing Address for Premium Tax Payments: If missing form please call Daniel Boone, Dept. of Treasury, (609) 984-4128 or visit the Dept. of Treasury's website: www.state.nj.us/treasury/taxation/prntins.htm to download Tax forms. | New Jersey Division of Taxation P. O. Box 247 Trenton, NJ 08625-0247 |
| D-1 | Address for delivery by UPS, FedEx etc | 160 South Broad Street Trenton, NJ 08646 |
| E | Delivery Instructions: | All filings must be postmarked no later than the indicated due date. If the due date falls on a weekend or holiday, then the deadline is extended to the next business day. |
| F | Late Filings: | Companies will be fined \$100 per day for a late filing. |
| G | Original Signatures: | Original signatures required from domestic companies. Foreign companies should follow the instructions from the NAIC. |
| H | Signature/Notarization/Certification: | President and Secretary, or in their absence, two principal officers must sign the annual statement. |
| I | Amended Filings: | Amended items must be filed within 10 days of the amendment, along with an explanation of the amendments. If there are signature requirements for the original filings, same should be followed for any amendment. |
| J | Exceptions from normal filings: | Foreign companies must supply a written copy of any exemption or extension received from its state of domicile at least 10 days prior to the filing due date to receive such from NJ. Domestic companies should apply at least 30 days prior to the due date. |
| K | Bar Codes (State or NAIC) | Not Required |
| L | Signed Jurat | All foreign companies must file a copy of the jurat page of its annual statement to allow New Jersey to update its database. |
| M | NONE Filings: | See NAIC Annual Statement Instructions. |
| N | Filings new, discontinued or modified materially since last year: | Foreign companies file electronic only with the NAIC for most documents. |
| O | NJ Medicare Supplement Under 50 Plan | Mail to: N J Medicare Supplement Under 50 Plan C/o Pool Administrators 100 Great Meadow Road, Suite 112 Wethersfield, CT 06109 |
| P | New Jersey Small Employer and Individual Health Benefits Program Call Ellen DeRosa (609) 633-1882 ext 50302 with questions. | Required of all carriers that report accident and health premiums in NJ. |
| Q | Separate participating and nonparticipating exhibits for the capital and surplus account (pg 4 of annual statement) and the gain and loss exhibit (pg 6 of annual statement) | Any questions contact Nancy Hritz, Chief, Valuation and Statement Bureau (609) 292-5427 ext 50319 |
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